## 2006 FOR PROFIT CORPORATION \_\_\_\_ANNUAL REPORT

## DOCUMENT # F05000005403

1. Entity Name

24 PLATINUM ENTERTAINMENT MARKETING AND PROMOTIONS, INC.



FILED
Aug 28, 2006 08:00 AN
Secretary of State

Principal Place of Business

12118 GRADUATE DRIVE ORLANDO, FL 32826 Mailing Address

12118 GRADUATE DRIVE ORLANDO, FL 32826



DO NOT WRITE IN THIS SPACE

08082006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3261548

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLY, SEAN 12118 GRADUATE DRIVE ORLANDO, FL 32826

## DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the properties of registered agent.	ourpose of changing its registere	ed office or re	gistered agent, or bo	oth, in the State of Flori	da. I am familiar wi	ith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registered	Agent signature	required when reinstating)		DATE	•
FILE NOWIII FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
10.	OFFICERS AND DIREC	CTORS			<u> </u>		
TITLE NAMÉ STREET ADDRESS CITY+ST-ZIP	CP HOLLEY, SEAN 12118 GRADUATE DRIVE ORLANDO, FL 32826				LICODO OT	THEODO.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					99/28/06-8	and the first transfer of the first transfer	558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · Ţ		·•			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other Me empowered.							

FICER OR DIRECTOR